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		e.			:
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ACCESS AUTHORIZATION

October 14, 2011

I,	First Name	Middle Initial	Last Name
am	the (please check one):		
()	owner tenant authorized representative of the owner	*	
	he property with the following address: dress $244FAF$	Humsulat	Try Holl
Aa	dress JAT Int		
Cit	v cHampiun	State ///	Zip Code 49914
(he	reinafter "Property"), and as such I have	the authority to sign this	authorization.
_	ant authorization to the United States Er tractors and other authorized represental		
Fir	st Name Joseph D Middle	Initial Deflect	Last Name
acc		and other related respons	and other authorized representatives to have be activities. EPA's activities at the Property will
col	lecting well water sample		
	e consent for access and use granted here potable well sampling activities.	in will commence on Oo	tober 2011 and will continue until EPA complete
			rity under Section 104(a) of the Comprehensive A or Superfund), 42 U.S.C. Section 9604(a).
	s written permission is given by me volu wledge of my right to refuse and withou		self and all other co-owners of this property, with any kind.
(Sig	ease check one): I grant acceptanture) Inted Name	7	Oldonot grant access to my properties Oldonot grant access to my properties Oldonot grant access to my properties Date) Date) (Daytime Phone Number)
(Tit	le, if signing as authorized representative	e of owner)	

Page 1 of 3

(Mailing address includin	g City, State, and Zip Code)		
PLEASE ANSWER THE	FOLLOWING QUESTIONS TO THE	HE BEST OF YOUR KNOWLEDGE	
Property Owner Name (if	different from above):		
First Name	Middle Initial	Last Name	
Owner Mailing Address (if different than the physical address	of the Property:	
Address			
City	State	Zip Code	
Do you currently live in the	ne Property? (circle one) Y / N)	
If not, is anyone living at	the Property? (circle one) Y/N		
	e Number (if different from access an ne Property, please provide the follow	uthorization):	_ perty
Name:		Phone:	
Other contact information	i		_
Number of residents and a	ges:		
Do you have an e-mail add	dress? Please indicate here:		
Is this house also connected	ed to a municipal water supply line? ((circle one) Y / N	
	he well with another residence (s)? (o	(**	
If yes, provide the physica	l address of all residences:		
Address1			
Address2		X	
Do you want to be present	during sampling? (circle one)	HS (Y)/N	
October 14, 2011	Page 2 of 3		

Has your well been sample If a water-supply well in lo	d in the past by the County, State, or EPA? If yes, when?
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?	
Please provide a rough ske structures:	ch below of where the well is located on your property relative to the house or other
Please circle one or more as Is the well water used for	applicable: (a) drinking (b) irrigation and/or gardening (c) live stock (d) other:
Please provide any addition	al comments you may have in the space below:
Please submit completed fo	rm to: US EPA Attention:

Mail Code: SR-6J Chicago, IL 60604-3507

Nuria Muñiz USEPA REGION 5

77 West Jackson Boulevard

		:

ACCE	SS AUTHORIZATION				
I, Fin	st Name	Middle Initial	Last Name		
am the	(please check one):				
(v) own () tena () auth		owner			
of the p	property with the following a	address:			
Addres	s				
City	CHAMPION	State	Zip Code	4998	49814
(herein	after "Property"), and as suc	h I have the authority to sign th	nis authorization.		
I grant contrac	authorization to the United S tors and other authorized rej $\mathcal{F}\mathcal{B}\mathcal{S}\mathcal{V}$	States Environmental Protection presentatives to enter the Prope	n Agency (EPA), its off rty. The Property is cu	ficers, employ errently owned	rees, I by
First Na	ame /	Middle Initial	Last Name	•	
access 1		officers, employees, contractors ampling and other related respo ollowing:			
collecti	ng well water sample				
	nsent for access and use granable well sampling activities	nted herein will commence on (October 2011 and will o	continue until	EPA completes
	•	en pursuant to its response auth sation and Liability Act (CERC	•		-
		me voluntarily, on behalf of m d without threats or promises o		owners of this	property, with
(Please	check one): (<u>V</u>) I	grant access to my properties.	I do not grant	access to my	properties
(Signat	ure)		<u>/o·26.1</u> (Date)	<u> </u>	
	,				
(Printed	l Name)		(Daytime Phone Num	iber)	
(Title, i	f signing as authorized repre	esentative of owner)			
October	r 14, 2011	Page 1 of 3	4 names	or addresses l	Ev 6

(Mailing address includi	ng City, State, and Zip Code)		
PLEASE ANSWER TH	E FOLLOWING QUESTIONS TO THE BE	ST OF YOUR KNOWLEDGE	
Property Owner Name (i	f different from above): み B o く モ		
First Name	Middle Initial	Last Name	
Owner Mailing Address	(if different than the physical address of the l	Property:	
Address			
City	State	Zip Code	
Do you currently live in	the Property? (circle one) 🔰 / N		
If not, is anyone living at	the Property? (circle one) Y / 🕦		
	ne Number (if different from access authorize the Property, please provide the following in		/:
Name:		Phone:	
Other contact information	n:		
Number of residents and	ages:		
	ages:ldress? Please indicate here:		
Do you have an e-mail ac	(/		
Do you have an e-mail ac	Idress? Please indicate here:	one) Y/N	
Do you have an e-mail action and this house also connected the Does the residence share	Idress? Please indicate here:	one) Y/N	
Do you have an e-mail action and this house also connected the Does the residence share	Idress? Please indicate here: ted to a municipal water supply line? (circle of the well with another residence (s)? (circle of the well with another residence)	one) Y/N	
Do you have an e-mail action is this house also connected Does the residence share If yes, provide the physic	Idress? Please indicate here: ted to a municipal water supply line? (circle of the well with another residence (s)? (circle of the well with another residence)	one) Y/N	

Has your well been sampled in the past by the County, State, or EPA? If yes, when? If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other structures:
DI

Please circle one or more as applicable:

Is the well water used for (a) drinking
(b) irrigation and/or gardening
(c) live stock
(d) other: WASHING ETC

Please provide any additional comments you may have in the space below:

Please submit completed form to:

US EPA

Attention: Nuria Muñiz

USEPA REGION 5

77 West Jackson Boulevard

		2000

ACCE	SS AUTHORI	ZATION			
I, Fir	st Name	Mic	dle Initial	Last Name	
am the	(please check o	one):			
(V) own () tena () auth	ant	ntative of the owner			
of the p	property with th	e following address:			
Addres	s				
City	CHA	MPION	State	Zip Code 449	1814
(herein	after "Property"	'), and as such I have the a	uthority to sign	this authorization.	
	tors and other a	uthorized representatives t		ion Agency (EPA), its officers, perty. The Property is currently	
	B	7BOV6		•	
First N	ame	Middle Initi	al	Last Name	
access	to the Property			ors and other authorized repressionse activities. EPA's activities	
collecti	ng well water s	ample			
	nsent for access able well sampl	_	ll commence or	n October 2011 and will continu	ue until EPA complete
	. · ·			nthority under Section 104(a) of CLA or Superfund), 42 U.S.C.	•
		n is given by me voluntaril to refuse and without thre		myself and all other co-owners of any kind.	of this property, with
(Please	check one):	(V) I grant access t	o my properties	. () I do not grant access	to my properties
				10-26-11 (Date)	
(Signate	ure)	•		(Date)	
(Printed	l Name)			(Daytime Phone Number)	
(Title, i	f signing as aut	horized representative of o	wner)		
Octobei	r 14, 2011	Page 1 of	3		

4 names or addresses Ex. 6

		_		
(Mailing address including Cit	ty, State, and Zip Code)			
PLEASE ANSWER THE FOI	LLOWING QUESTION	IS TO THE BE	ST OF YOUR KNOWLEDGE	
Property Owner Name (if diffe	erent from above):			
Plant Name	N 41 4 41 - Yorlat - 1		Lord Name	
First Name	Middle Initial		Last Name	
Owner Mailing Address (if dif	ferent than the physical	address of the l	Property:	
Address				
City	S	State	Zip Code	
Do you currently live in the Pr	operty? (circle one)) n		
If not, is anyone living at the F	•	′ /\		
Property Owner Telephone Nu If Owner is not living at the Pr			ation): formation regarding residents at	
Name:			Phone:	
Other contact information:				
Number of residents and ages:				
Do you have an e-mail address	s? Please indicate here:	Λ	NA	-
Is this house also connected to		•	one) Y / 🚱	•
Does the residence share the w	ell with another residen	ce (s)? (circle o	ne) Y/N	
If yes, provide the physical add	dress of all residences:			
Address1				
Address2				
Do you want to be present duri	ng sampling? (circle on	e)	Y / N	
October 14, 2011	Daga 1 of 2	\mathcal{N}_{i}	OT NGCESSARY	,
OCIOUCI 14, 2011	Page 2 of 3	UN	07 NGCESSARY CGSS OWNGRS 15NGGAED	HELP
			13N6616D	•

	d in the past by the County, State, or EPA? If yes, when? cated on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?	1988 ABUT KLIGMON /RON MT OUTDOOR YAP NEAR WELL
Please provide a rough sket structures:	ch below of where the well is located on your property relative to the house or other
	1 N Weve

Please circle one or more as applicable:

Is the well water used for (a) drinking

(a) difficility
(b) irrigation and/or gardening
(c) live stock
(d) other:

BATH/NG/TOWET/CEPWINS

Please provide any additional comments you may have in the space below:

Please submit completed form to:

US EPA

Attention: Nuria Muñiz

USEPA REGION 5

77 West Jackson Boulevard

Mail Code: SR-6J

Chicago, IL 60604-3507

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			A COLOR OF THE PROPERTY OF THE
			TOTAL

ACCESS	<u>AUTHORIZATIO</u> N			
I, First N	Vame	Middle Initial	Last Name	
am the (ple	ease check one):			
(V) owner () tenant () authori	zed representative of the	owner		
of the prop	erty with the following a	ddress:		
Address				
City	CHAMPIO	State	Zip Code	49814
(hereinafte	r "Property"), and as sucl	n I have the authority to sign	this authorization.	
		tates Environmental Protection resentatives to enter the Prop		
First Name	,	Middle Initial	Last Name	
access to the		fficers, employees, contracto mpling and other related resp llowing:		
collecting	well water sample			
	nt for access and use grant well sampling activities.		October 2011 and will o	continue until EPA completes
		n pursuant to its response aut ation and Liability Act (CER)		
		me voluntarily, on behalf of a without threats or promises		wners of this property, with
(Please cho	eck one): (V) I s	trant access to my properties.	() I do not grant	access to my properties
(Signature)			$\frac{10-25-1}{\text{(Date)}}$	
(ørgnature)			(Daie)	
(Printed Na	nme)		(Daytime Phone Num	ber)
(Title, if sig	gning as authorized repres	entative of owner)		
October 14	, 2011	Page 1 of 3	4 names o	r addresses Ex. 6

(Mailing address including	g City, State, and Zip Code)	
PLEASE ANSWER THE	FOLLOWING QUESTIONS TO THE E	BEST OF YOUR KNOWLEDGE
Property Owner Name (if	different from above):	
First Name	Middle Initial	Last Name
Owner Mailing Address (i	if different than the physical address of th	
,		• •
Address		
City	State	Zip Code
Do you currently live in th	ne Property? (circle one) (Y) N	
If not, is anyone living at t	the Property? (circle one) Y / 🕦	
	e Number (if different from access author	
if Owner is not fiving at the	ne Property, please provide the following	information regarding residents at the property:
_	ne Property, please provide the following	
Name:		Phone:
Name:		Phone:
Name: Other contact information: Number of residents and a		Phone:
Name:Other contact information: Number of residents and a Do you have an e-mail add	ges: $ u$	1 email address Ex. 6
Name: Other contact information: Number of residents and a Do you have an e-mail add Is this house also connected	ges:dress? Please indicate here:	1 email address Ex. 6
Name: Other contact information: Number of residents and a Do you have an e-mail add Is this house also connected	ges:	1 email address Ex. 6
Name: Other contact information: Number of residents and a Do you have an e-mail add Is this house also connected Does the residence share the	ges:	1 email address Ex. 6
Name: Other contact information: Number of residents and a Do you have an e-mail add Is this house also connected Does the residence share the If yes, provide the physical	ges:	1 email address Ex. 6

	past by the County, State, or EPA? If yes, when? $\frac{\sqrt{0}}{\sqrt{0}}$ n your property, please provide the following information if known:	
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth:	760 189 7661	
Please provide a rough sketch below structures:	w of where the well is located on your property relative to the house	or other
Please circle one or more as applicate Is the well water used for (a) drive (b) irrical (c) live (d) oth	nking gation and/or gardening e stock	
Please provide any additional comm	nents you may have in the space below:	·
Please submit completed form to:	US EPA Attention: Nuria Muñiz USEPA REGION 5	

77 West Jackson Boulevard *Mail Code:* SR-6J Chicago, IL 60604-3507

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AC	CCESS AUTHORIZATION		
I,	First Name	Middle Initial	Last Name
am	the (please check one):		
$\dot{}$	owner tenant authorized representative of the own	ner	
of t	he property with the following addre	ess:	
Ad	dress		
Cit	& CHAMPION	State M	/ Zip Code
(he	reinafter "Property"), and as such I h	nave the authority to sign the	nis authorization.
_			n Agency (EPA), its officers, employees, erty. The Property is currently owned by
Firs	st Name Mi	ddle Initial	Last Name
acc		ing and other related respo	s and other authorized representatives to have onse activities. EPA's activities at the Property will
col	lecting well water sample		
	e consent for access and use granted potable well sampling activities.	herein will commence on (October 2011 and will continue until EPA completes
			nority under Section 104(a) of the Comprehensive CLA or Superfund), 42 U.S.C. Section 9604(a).
	s written permission is given by me wiledge of my right to refuse and wit		nyself and all other co-owners of this property, with f any kind.
(Pl	ease check one): (📈 Løran	t access to my properties.	() I do not grant access to my properties
31G)	gnature)		<u>/0 - 25 - / /</u> (Date)
(Pri	nted Name)		(Daytime Phone Number)
Tit	le if signing as authorized represent	rative of owner)	

Page 1 of 3

October 14, 2011

4 names or addresses Ex. 6

(Mailing address including City	, State, and Zip Code)	
PLEASE ANSWER THE FOL	LOWING QUESTIONS TO TH	IE BEST OF YOUR KNOWLEDGE
Property Owner Name (if differ	rent from above):	
First Name	Middle Initial	Last Name
Owner Mailing Address (if diff	erent than the physical address of	of the Property:
Address		
City	State	Zip Code
Do you currently live in the Pro	operty? (circle one) Y / N	
If not, is anyone living at the Pr	operty? (circle one) Y / N	
Name:		Phone:
	<u> </u>	Phone:
Other contact information:		1 name and phon no. Ex. 6
Number of residents and ages:	/	MARAMATAN AND AND AND AND AND AND AND AND AND A
Do you have an e-mail address?	Please indicate here:	
Is this house also connected to a	a municipal water supply line? (c	circle one) Y / N
Does the residence share the we	ell with another residence (s)? (ci	/ 1
If yes, provide the physical add	ess of all residences:	
Address 1		
Address2		
Do you want to be present durin	ig sampling? (circle one)	Y / N

Has your well been sampled in the past by the County, State, or EPA? If yes, when? If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other structures:
DRIVEWAY 1
Please circle one or more as applicable: Is the well water used for (b) irrigation and/or gardening (c) live stock (d) other:
Please provide any additional comments you may have in the space below:

Please submit completed form to:

Mail Code: SR-6J Chicago, IL 60604-3507

77 West Jackson Boulevard

US EPA Attention: Nuria Muñiz USEPA REGION 5

		10/25/11	3 R	651D6N75
	J4A.	S 2 WELLS	5RT/ US1	NG SAME WELL
ACCESS	AUTHORIZATION		•	
l, First r	vame	Middle Initial	Last Name	
am the (pl	ease check one):			
(v) owner () tenant () authori	ized representative of the c	owner		
of the prop	perty with the following ac	ldress:		
Address				
City	CHAMPIO	√ State	Zip Code	49814
(hereinafte	er "Property"), and as such	I have the authority to sign the	nis authorization.	
		rates Environmental Protection resentatives to enter the Prope		
First Name	e (Middle Initial	Last Name	
access to t		fficers, employees, contractor npling and other related respo lowing:		
collecting	well water sample			
	nt for access and use grant well sampling activities.	ed herein will commence on (October 2011 and will o	continue until EPA completes
		n pursuant to its response auth		
		ne voluntarily, on behalf of m without threats or promises o		wners of this property, with
(Please ch	eck one): () I g	rant access to my properties.	I do not grant	access to my properties
(Signature)		10/55/1/ (Date)	·
(Printed N	ame)		(Daytime Phone Num	lber)
(Title if a	gning as authorized repres	antativa of owner)		
		,	5 name	es or addresses Ex. 6
October 14	l, 2011	Page 1 of 3	3 Hairie	o or addresses Ex. 0

(Mailing address includ	ing City, State, and Zip Cod	e)		
PLEASE ANSWER TH	IE FOLLOWING QUESTIC	ONS TO THE BES	ST OF YOUR KN	IOWLEDGE
Property Owner Name	(if different from above):			
First Name	Middle Initial		Last Nam	e
Owner Mailing Address	s (if different than the physic	cal address of the F	Property:	
Address				
City		State	Zip Code	
Do you currently live in	the Property? (circle one)	Q_N		
If not, is anyone living a	at the Property? (circle one)	Y / 🔘		
	one Number (if different fro the Property, please provide		ation):	ng residents at the property:
Name:			Phone: _	
Other contact information	on:			
Number of residents and	l ages:		,	
Do you have an e-mail a	address? Please indicate here	::	'/A	
Is this house also connec	cted to a municipal water su	pply line? (circle o	one) (Y) N	,
Does the residence share	e the well with another resid	ence (s)? (circle or	ne) (Y)/ N	5661 BBO DE
If yes, provide the physi	cal address of all residences	:	•	
Address1	dresses Ex. 6			
Address2				
Do you want to be prese	ent during sampling? (circle	one)	$\left(\begin{array}{c} Y \\ Y \end{array}\right)$	

			1
	n the past by the County, State, or I ed on your property, please provide		if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?	1957 SELF FULL CLAX-PIPE CONC.	 VC676	
Please provide a rough sketch structures:	below of where the well is located	on your property relative to	o the house or other
Please circle one or more as ap			
) <u>drinking</u>) irrigation and/or gardening		
) live stock		
•) other:	<u></u>	
Please provide any additional	comments you may have in the spa	ce below:	

Please submit completed form to:

US EPA

Attention: Nuria Muñiz

USEPA REGION 5

77 West Jackson Boulevard

		C COLUMN AND SECULO SEC
		TRANSPORTED CONTROL OF THE PROPERTY OF THE PRO
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ACCESS AUTHORIZATION		
I, First Name	Middle Initial	Last Name
am the (please check one):		
() owner () tenant () authorized representative of the owner	{	·
of the property with the following address:		
Address		
City CHAMPION	State	Zip Code 498/K
(hereinafter "Property"), and as such I have	e the authority to sign thi	s authorization.
I grant authorization to the United States E contractors and other authorized representations.		
First Name Middl	e Initial	Last Name
	and other related respons	and other authorized representatives to have se activities. EPA's activities at the Property will
collecting well water sample		
The consent for access and use granted her the potable well sampling activities.	ein will commence on O	ctober 2011 and will continue until EPA completes
		rity under Section 104(a) of the Comprehensive A or Superfund), 42 U.S.C. Section 9604(a).
This written permission is given by me vol knowledge of my right to refuse and without		self and all other co-owners of this property, with any kind.
(Please check one): (V) I grant ac	ccess to my properties.	I do not grant access to my properties
		<u>/8 − 3 5 − //</u> Date)
(,	Date
(Printed Name)		(Daytime Phone Number)
(Title, if signing as authorized representative	/e of owner)	
October 14, 2011 Pag	e 1 of 3	5 names or addresses Ex. 6

(Mailing address including	g City, State, and Zip Code)	
PLEASE ANSWER THE	FOLLOWING QUESTIONS TO TH	E BEST OF YOUR KNOWLEDGE
Property Owner Name (if	different from above):	2 names Ex. 6
First Name	Middle Initial	Last Name
Owner Mailing Address (i	f different than the physical address o	of the Property:
Address		
City	State	Zip Code
Do you currently live in th	ne Property? (circle one) Y/N	
If not, is anyone living at t	the Property? (circle one) Y N	
Name:	:	
Number of residents and a	ges;	ofo Ex. 6
Do you have an e-mail add	lress? Please indicate here:	
Is this house also connecte	dress? Please indicate here: d to a municipal water supply line? (content with another residence (s)? (ci	circle one) N
Does the residence share the	ne well with another residence (s)? (ci	ircle one) Y / 🕥
If yes, provide the physica	l address of all residences:	
Address1		
Address2		
Do you want to be present	during sampling? (circle one)	Y/N

Has your well been sampled in the past by the County, State, or EPA? If yes, when?
If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Cooling Double
Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other
structures:
18 18/18 WHY
HOUSE N
Well 450 Cent
Please circle one or more as applicable:
Is the well water used for \checkmark (a) drinking (b) irrigation and/or gardening (c) live stock (d) other:
Please provide any additional comments you may have in the space below:
Please submit completed form to: US EPA Attention:

Nuria Muñiz USEPA REGION 5

77 West Jackson Boulevard *Mail Code:* SR-6J Chicago, IL 60604-3507

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ACCESS	AUTHORIZAT	ION			
I, First N	lame	M	iiddle Initial	Last Name	
am the (ple	ease check one):				
(v) owner () tenant () authori	zed representativ	re of the owner			
of the prop	perty with the foll	lowing address:			_
Address					
City	CHAMPI	non	State	Zip Code	49814
(hereinafte	er "Property"), an	d as such I have the	authority to sign	this authorization.	
_	s and other author	rized representatives		on Agency (EPA), its of perty. The Property is cu	- ·
First Name	\mathcal{M}	BIVE Middle Ini	itial	Last Name	•
access to th	he Property to co			ors and other authorized in onse activities. EPA's a	representatives to have ctivities at the Property will
collecting	well water sampl	e			
	nt for access and well sampling a		vill commence on	October 2011 and will o	continue until EPA complete
These action Environme	ons by EPA are u ental Response, C	ndertaken pursuant Compensation and Li	to its response au iability Act (CER	thority under Section 10 CLA or Superfund), 42	4(a) of the Comprehensive U.S.C. Section 9604(a).
		iven by me voluntar			owners of this property, with
iPlease ch	Prik-OHP)	V) I grant access	s to my properties		access to my properties
(Signature)				10-26-11 (Date)	
(Duinted No	ama)	_		— (Daytime Phone Num	
(Printed Na	ame)			(Daytime Phone Num	iuer) *
(Title, if sig	gning as authoriz	ed representative of	owner)		
October 14	, 2011	Page 1 o	of 3		

(Mailing address including	ng City, State, and Zip Coo	le)	
PLEASE ANSWER THE	E FOLLOWING QUESTI	ONS TO THE BEST O	F YOUR KNOWLEDGE
Property Owner Name (i	f different from above):		
First Name	Middle Initial		Last Name
Owner Mailing Address	(if different than the physic	cal address of the Prope	rty:
Address			
City		State	Zip Code
Do you currently live in	the Property? (circle one)	⟨y)/ N	
If not, is anyone living at	the Property? (circle one)	Y/N	
	n:		Phone:
Number of residents and	ages:	Adding Adequate spaces	
	ages:ddress? Please indicate here		nail address Ex. 6
Do you have an e-mail ac		e; en	nail address Ex. 6
Do you have an e-mail ac	ddress? Please indicate here	e:en	
Do you have an e-mail acts this house also connects. Does the residence share	ddress? Please indicate here	e:en apply line? (circle one) dence (s)? (circle one)	Y / (4)
Do you have an e-mail action is this house also connected the place of the residence share of the physical street in the physical interpretation in the physical street in the physical interpretation in the physical in	ddress? Please indicate here ted to a municipal water su the well with another resid	e:en apply line? (circle one) dence (s)? (circle one)	Y / (4)
Do you have an e-mail acts this house also connects. Does the residence share	ddress? Please indicate here ted to a municipal water su the well with another resid	e:en apply line? (circle one) dence (s)? (circle one)	Y / (4)

Has your well been sampled in the past by the County, State, or EPA? If yes, when? If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other structures:
WELL HOUSE
Please circle one or more as applicable: Is the well water used for (a) drinking (b) irrigation and/or gardening (c) live stock (d) other: WASHING, 67 C

Please provide any additional comments you may have in the space below:

Please submit completed form to:

US EPA

Attention: Nuria Muñiz

USEPA REGION 5

77 West Jackson Boulevard

ACCESS AUTHORIZATION
I, First Name Window Last Name
am the (please check one):
(v) owner () tenant () authorized representative of the owner
of the property with the following address:
Address
City CHAMPION State M1 Zip Code 49814
(hereinafter "Property"), and as such I have the authority to sign this authorization.
I grant authorization to the United States Environmental Protection Agency (EPA), its officers, employees, contractors and other authorized representatives to enter the Property. The Property is currently owned by
First Name ABOVE Middle Initial Last Name
This authorization allows EPA, its officers, employees, contractors and other authorized representatives to have access to the Property to conduct sampling and other related response activities. EPA's activities at the Property will include, but not be limited to, the following:
collecting well water sample
The consent for access and use granted herein will commence on October 2011 and will continue until EPA completes the potable well sampling activities.
These actions by EPA are undertaken pursuant to its response authority under Section 104(a) of the Comprehensive Environmental Response, Compensation and Liability Act (CERCLA or Superfund), 42 U.S.C. Section 9604(a).
This written permission is given by me voluntarily, on behalf of myself and all other co-owners of this property, with knowledge of my right to refuse and without threats or promises of any kind.
(Please check one): (1) Lorant access to my properties. (1) I do not grant access to my properties [O / Z6 / I)
(Signature) (Date)/
(Printe d Name) (Daytime Phone Number)
(Title, if signing as authorized representative of owner)

Page 1 of 3

(Mailing addres	s including City, S	State, and Zip Cod	e)			
PLEASE ANSV	VER THE FOLLO	OWING QUESTIC	ONS TO THE B	BEST OF YOUR K	NOWLEDGE	
Property Owner	Name (if differen					
First Name	ABOV	Middle Initial		Last Na	me	
Owner Mailing	Address (if differe	ent than the physic	cal address of th	ne Property:		
Address						
City			State	Zip Cod	le	
Do you currently	y live in the Prope	erty? (circle one)	()/ N			
If not, is anyone	e living at the Prop	erty? (circle one)	Y / 10			
If Owner is not	living at the Prope	erty, please provid	e the following	Phone:	ling residents at the prope	
Other contact in	formation:				· · · · · · · · · · · · · · · · · · ·	
Number of resid	lents and ages:			_		
Do you have an	e-mail address? P	lease indicate here		1 email add	ress Ex. 6	
Is this house als	o connected to a n	nunicipal water su	pply line? (circ	ele one) Y/		
Does the resider	nce share the well	with another resid	ence (s)? (circl	e one) Y/N	2	
If yes, provide the	he physical addres	s of all residences	:			
Address1						
Address2						
Do you want to	be present during	sampling? (circle	one)		YIN DOESN MAT	T
October 14, 201	1	Page 2 of 3			MHT	1612

Has your well been sampled in the past by the County, State, or EPA? If yes, when? If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other structures:
Driveway HOUSE
Please circle one or more as applicable: Is the well water used for (a) drinking (b) irrigation and/or gardening LIME (c) live stock (d) other: WASHING BATHING

Please provide any additional comments you may have in the space below:

Please submit completed form to:

US EPA

Attention:

Nuria Muñiz USEPA REGION 5

77 West Jackson Boulevard

Mail Code: SR-6J

Chicago, IL 60604-3507

		NFrankini, West Indonesia.
,		Total Annual Control of the Control

ACC	CES			
I,	First Name	Middle Initial	Last Name	
am tl	he (please check one):			
() te	wner enant uthorized representative of	the owner		
of th	e property with the followi	ng address:		
Addı			A COM	
City	CHAMP	//ON State	Zip Code 449814	
(here	inafter "Property"), and as	such I have the authority to sig	gn this authorization.	
	actors and other authorize		ction Agency (EPA), its officers, employees, roperty. The Property is currently owned by	
First	Name	Middle Initial	Last Name	
acces		ct sampling and other related re	ctors and other authorized representatives to he esponse activities. EPA's activities at the Prop	
colle	cting well water sample			
	consent for access and use otable well sampling activ		on October 2011 and will continue until EPA	complete
			authority under Section 104(a) of the Comprel ERCLA or Superfund), 42 U.S.C. Section 9604	
		n by me voluntarily, on behalf or and without threats or promise	of myself and all other co-owners of this prope es of any kind.	erty, with
(Plea	se check one): () I grant access to my properti	es. (_) I do not grant access to my prope	rties
(Sign	nature) #		10-26-11 (Date)	
(3-8"				
(Prin	ted Name)		(Daytime Phone Number)	
(Title	e, if signing as authorized r	epresentative of owner)	5 name or address or phone. no. Ex. (6
Octol	ber 14, 2011	Page 1 of 3		

(Mailing address includi	ing City, State, and Zip Code)	
PLEASE ANSWER TH	E FOLLOWING QUESTIONS TO THE BEST O	F YOUR KNOWLEDGE
Property Owner Name (
A!	BOVE Middle Initial	
First Name	Middle Initial	Last Name
Owner Mailing Address	(if different than the physical address of the Prope	erty:
Address		
City	State	Zip Code
Do you currently live in	the Property? (circle one) V / N	
If not, is anyone living a	t the Property? (circle one) Y / (N)	
	one Number (if different from access authorization) the Property, please provide the following informa	
Name:		Phone:
Other contact informatio	on:	
Number of varidants and	agės;	
runiber of residents and	ages.	
Do you have an e-mail a	ddress? Please indicate here: _	1 email address Ex. 6
Is this house also connec	eted to a municipal water supply line? (circle one)	Y /Ŋ
Does the residence share	the well with another residence (s)? (circle one)	Y / 👏
If yes, provide the physic	cal address of all residences:	
Address 1		
Address2		
Do you want to be presen	nt during sampling? (circle one)	YIN DOGSNT MATTER
October 14, 2011	Page 2 of 3	MATTER

Has your well been sampled in the past by the County, State, or EPA? If yes, when? If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other structures:
HOUSE
Please circle one or more as applicable: Is the well water used for (a) drinking (b) irrigation and/or gardening (c) live stock (d) other: BATHING/WISHING
Please provide any additional comments you may have in the space below:
Please submit completed form to: US EPA Attention: Nuria Muñiz USEPA REGION 5 77 West Jackson Boulevard

ACCESS AUTHORIZATION	_		
I, First Name	Middle Initial	Last Name	
am the (please check one):	_		
(v) owner () tenant () authorized representative of the owner			
of the property with the following address	:		
Address City Htt. CHAMPION	\checkmark	M	49814
City A City	State /	Zip Code	7/019
(hereinafter "Property"), and as such I have	e the authority to sig	gn this authorization.	
I grant authorization to the United States E contractors and other authorized represent			
First Name Midd	lle Initial	Last Name	•
This authorization allows EPA, its officers access to the Property to conduct sampling include, but not be limited to, the following	g and other related re		
collecting well water sample			
The consent for access and use granted he the potable well sampling activities.	rein will commence	on October 2011 and will	continue until EPA completes
These actions by EPA are undertaken purs Environmental Response, Compensation a			
This written permission is given by me vo knowledge of my right to refuse and without			owners of this property, with
(Please check one): I grant a	ccess to my properti	es. () I do not grant	access to my properties
		<u>/ル・ステー フィ</u> (Date)	× 16
(Signature)		(Date)	
(D' 4 IN)	- 	(D. 1; D)	
(Printed Name)		(Daytime Phone Nun	nber)
(Title, if signing as authorized representati	ve of owner)	4 names	or address Ex. 6
October 14, 2011 Pag	ge 1 of 3		

(Mailing address inc	cluding City,	State, and Zip Code)	
PLEASE ANSWER	THE FOLLO	OWING QUESTIONS TO THE BEST O	F YOUR KNOWLEDGE
Property Owner Nat	me (if differer	nt from above):	
First Name		Middle Initial	Last Name
Owner Mailing Add	lress (if differ	ent than the physical address of the Prope	erty:
Address	,		
City		State	Zip Code
Do you currently liv	e in the Prope	erty? (circle one) (Y) N	
If not, is anyone livi	ng at the Prop	perty? (circle one) Y /N	
		er (if different from access authorization erty, please provide the following informa	
Name:			Phone:
Other contact inform	nation:		
Other contact inform	nation:		
Other contact inform Number of residents Do you have an e-ma	and ages:ail address? P		
Other contact inform Number of residents Do you have an e-mails this house also con	nation: and ages: ail address? P	lease indicate here:	
Other contact inform Number of residents Do you have an e-mails this house also con	and ages:ail address? Punected to a nather the well	Please indicate here: nunicipal water supply line? (circle one) with another residence (s)? (circle one)	
Other contact inform Number of residents Do you have an e-mails this house also conducts Does the residence s	and ages:ail address? Punected to a nather the well	Please indicate here: nunicipal water supply line? (circle one) with another residence (s)? (circle one)	
Other contact inform Number of residents Do you have an e-mails this house also conducted the residence so lif yes, provide the plant.	and ages:ail address? Punected to a nather the well	Please indicate here: nunicipal water supply line? (circle one) with another residence (s)? (circle one)	

A = A = A = A
Has your well been sampled in the past by the County, State, or EPA? If yes, when? If a water-supply well in located on your property, please provide the following information if known:
Active or Inactive: Total Depth of Well: Date Drilled: Name of Drilling Company: Casing Depth: Casing Material: Gallons Per Minute: Static Water level: Spigot at the wellhead?
Please provide a rough sketch below of where the well is located on your property relative to the house or other structures:
Well in Basement
Please circle one or more as applicable: Is the well water used for (a) drinking
(b) irrigation and/or gardening (c) live stock
(d) other:
Please provide any additional comments you may have in the space below:

Please submit completed form to:

US EPA

Attention: Nuria Muñiz

USEPA REGION 5

77 West Jackson Boulevard